PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JUL 13 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042041

1. Corporation Name

KELLY, INC.

REINSTATEMENT 98-00

400003322654--5
-07/13/00--01003--027
***1050.00 ***1050.00

2. Principal Office Address	**3.** Mailing Office Address
8636 Greig Street	8636 Greig Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sodus Point, NY	City & State: Sodus Point, NY
Zip: 14555 Country:	Zip: 14555 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 6/6/94

5. FEI Number: 650504655 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: HCRM Corp.

Street Address (P.O. Box Number is Not Acceptable): 2200 Corporate Boulevard, N.W.

Suite, Apt. #, Etc.: Suite 401

City: Boca Raton, State: FL Zip Code: 33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Robert J. Hunt VP HCRM Corp. Date: 7/5/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Richard W. Steamer	8636 Greig Street	Sodus Point, NY 14555
VSTD	Karen Steamer	8636 Greig Street	Sodus Point, NY 14555

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Karen Steamer SEC Richard W. Steamer PRES 6-13-00 786 820 7063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SP